

STATE OF NORTH CAROLINA  
OFFICE OF THE GOVERNOR  
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MICHAEL F. EASLEY  
GOVERNOR

May 19, 2006

Dorcas R. Hardy, Chairman  
WHCoA Policy Committee  
4350 East-West Highway, Suite 300  
Bethesda, MD 20814

Dear Chairman Hardy:

Attached is North Carolina's response to the preliminary report of the 2005 White House Conference on Aging. This response was prepared by our Division of Aging and Adult Services after consultation with the state's leading senior advocates and the aging network. The Division had the lead role in preparing and supporting our delegates.

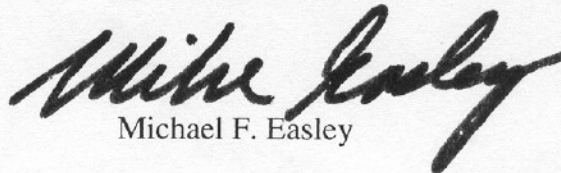
Overall, North Carolina's delegation was pleased with the serious work of the conference, and particularly the sessions allowing input from the delegates on implementation strategies. They remain hopeful that these efforts will shape future policy and programs affecting seniors.

We look forward to receiving updates on the conference's work, information on the final report and further discussion of implementation strategies.

I appreciate the opportunity to share our response.

With kindest regards, I remain

Very truly yours,



Michael F. Easley

MFE/PT/lc

Attachment

cc. Carmen Hooker Odom  
Jackie Sheppard  
Dennis Streets  
✓ Ann Johnson

## North Carolina's Response to the 2005 WHCoA Preliminary Report

To prepare this response to the White House Conference on Aging Preliminary Report, the Division of Aging and Adult Services surveyed three groups—(1) the NC Senior Tar Heel Legislature,<sup>1</sup> (2) the NC Coalition on Aging,<sup>2</sup> and (3) a mixed, informal group of local service providers, and Area Agency on Aging personnel and members of their Regional Advisory Councils. The opinions of these three groups reflect a cross-section of consumers, advocates, and the services network.

Attached is a grid that shows how these three groups recently ranked the top 20 WHCoA Resolutions. The grid shows universal support for the Older Americans Act, closely followed by interest in transportation options, the Medicare and Medicaid programs, care of persons with mental illness and depression, and the health care workforce.

The opinions of those surveyed are generally consistent with the opinions of North Carolina's delegates to the Conference. Prior to the Conference, North Carolina's delegates identified their priorities among the Resolutions released by the WHCoA Policy Committee. It is significant that six of their priorities were among the top ten WHCoA Resolutions:

- Reauthorize the Older Americans Act
- Develop a coordinated, comprehensive long-term care strategy
- Ensure transportation options
- Strengthen and improve Medicaid
- Strengthen and improve Medicare
- Promote innovative non-institutional long-term care.

Policy discussions like those that occurred at the White House Conference are imperative to preparing the nation, states and communities for the aging of our population. Between 2000 and 2030, North Carolina's elder population (65 and older) is projected to grow by about 128 percent—while growth of our total population is projected at 55 percent (see attached chart). While government has a vital role in leading our preparedness for this demographic trend, we must also assure active participation by all of society. Such broad involvement was the intent of the WHCoA Policy Committee. We hope that effective strategies for a comprehensive response and implementation will be reflected in the Conference's final report.

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<sup>1</sup> The NC Senior Tar Heel Legislature, which was created by the North Carolina General Assembly in 1993. It provides information to seniors on the legislative process and matters being considered by the General Assembly. Members of the Senior Tar Heel Legislature promote citizen involvement and advocacy concerning aging issues before the General Assembly and assess the legislative needs of older citizens. There is one delegate to the Senior Tar Heel Legislature from each of the 100 counties in the state. Most counties also have an alternate delegate. Delegates and alternates must be age 60 or older.

<sup>2</sup> The NC Coalition on Aging is a statewide coalition of 28 consumer, trade, and professional organizations committed to improving the quality of life for older adults by addressing their needs and promoting their dignity, self-determination, well being, and contribution—both as individuals and within the context of their families and community.

As we look to the future, it is important to maintain and build upon what has already proven to be effective. Below are highlights of our aging community's interests, concerns, and plans pertaining to our priorities for the WHCoA resolutions.

#### Reauthorization and Funding of the Older Americans Act

The Older Americans Act (OAA) remains the backbone of our Aging Network in terms of forming a vision and touchstone for successful aging. The Governor's Advisory Council on Aging has passed resolutions urging support for the Older Americans Act. Many of the themes proposed in our Council's OAA resolution mirror those presented in the WHCoA Implementation Strategy Highlight Report. They include:

- Assure adequate funding;
- Establish and fund a new Title to help communities prepare for the aging of the baby boomers and the increasing diversity of our older population;
- Support an expanded role for Senior Centers;
- Strengthen the support of family caregivers; and
- Strengthen strategies to prevent elder abuse, including financial fraud, abuse and exploitation.

In addition, our Governor's Council on Aging reported its strong support of Senior Centers and consumer-directed service delivery methods as important vehicles for meeting the emerging needs and interests of aging baby boomers. We believe that our State's voluntary certification of Senior Center "Models of Excellence" is a good example of how we must prepare for the future (see <http://www.dhhs.state.nc.us/aging/sccenters/srcencrt.htm>). The Council also encouraged the reestablishment of a strong advisory Federal Council on Aging, composed of advocates who are senior adults.

To respond to the increasing needs and expectations of an aging population, the Older Americans Act must provide states and communities with sufficient flexibility, as proposed in the Administration on Aging's 'Choices for Independence' proposal, and also assure sufficient funding. The President's proposed cut of \$28 million in Older Americans Act funds would seriously undermine the Act's objectives. The adverse effect of any reduction would especially be traumatic in light of similar proposed reductions in the Social Services Block Grant and the Community Development Block Grant, and changes to Medicaid targeted case management.

#### Housing and Transportation—Keys to Community Living

Support of housing and transportation infrastructure and options are essential to allow seniors to remain in the least restrictive settings. These are issues especially salient in a state as rural as North Carolina. Their importance was recognized in the 2001 Long Term Care Plan for North Carolina that was prepared by a task force of the NC Institute of Medicine. Housing and transportation options are fundamental and integral to our State's Livable and Senior-Friendly Communities initiative that is discussed in our 2003-2007 State Aging Plan (<http://www.dhhs.state.nc.us/aging/plan.htm>) and that was the focus of one of the five WHCoA resolutions of the Governor's Council. Many of the objectives of the



Livable and Senior-Friendly Communities initiative parallel such other important work as Smart Growth.

In reviewing the WHCoA Implementation Strategy Highlight Report, the following recommendations are particularly relevant to our interests and future goals:

- Increase the housing supply and housing options, especially for older adults with low income and disabilities;
- Expand opportunities for developing innovative housing designs;
- Increase public and community transportation investment and promote strong coordination among transportation providers; and
- Assure support for public transportation systems to participate in disaster preparedness planning.

#### Establish a National Health and Long Term Care Policy that Assures Strong Medicaid and Medicare Programs

Medicare and Medicaid are the backbone of our public response to the health and long-term supports needed by our aging population. Because of their importance, we are constantly striving to assure a rational, efficient, and well-coordinated system of access and delivery of services. There is an increasing emphasis on keeping people well and helping them plan to finance the costs of long-term care. Our State is actively working on improving the management of chronic care among our Medicaid recipients—especially those who are dually eligible. In examining the WHCoA Implementation Strategy Highlight Report, the following recommendations are particularly relevant to our interests and future goals:

- Establish and support a national Long Term Care Policy that promotes consumer education about long term care, provides personal incentives to plan ahead, respects consumer choice, supports family caregivers, provides states and communities with maximum flexibility under Medicaid, strengthens integrated financing and services of acute and long term care, and promotes an adequate direct care workforce;
- Use the tax code to give individuals and employers further incentive to encourage retirement savings and the purchase of Long Term Care Insurance;
- Support strengthening of chronic care management, including seamless access to information and assistance through such means as Aging and Disability Resource Centers, use of telemedicine, and reimbursement incentives;
- Establish and support incentives for implementation of health information technology across all settings to ease consumer access to services and facilitate multi-disciplinary and multi-provider interaction;
- Simplify Medicare Part D;
- Reinstate and increase funding to support geriatric education and career support programs; and
- Support evidence-based health promotion and disease prevention strategies.

On a final note, North Carolina wants to acknowledge several areas that were WHCoA priorities and several that did not appear to surface as high priorities in the WHCoA

recommendations. First, we are pleased to see the recognition of mental health as an important issue for an aging population and welcome additional national leadership and funding in this area. Second, we want to reiterate our disappointment in the proposed reductions in such vital funding sources as the Older Americans Act and the Social Services Block Grant, which target effectively the socially and economically needy through home and community care often preventing or delaying more costly facility care paid by Medicaid. Third, we would have liked to see more emphasis given to the special needs of persons living in rural areas and to our Veterans. The Governor's Advisory Council on Aging made care of aging Veterans one of its five WHCoA resolutions.

# White House Conference on Aging Follow Up: Results of NC Senior Tar Heel, Aging Coalition, and Aging Network Surveys

| Resolution  | Senior Tar Heel rank | Aging Network rank | Coalition rank | WHCoA rank | differences among three sources |
|---|----------------------|--------------------|----------------|------------|---------------------------------|
| Reauthorize the <b>Older Americans Act</b> Within the First Six Months Following the 2005 White House Conference on Aging   | 1                    | 1                  | 1              | 1          | low                             |
| Strengthen and Improve the <b>Medicare Program</b>  | 2                    | 2                  | 8              | 5          | moderate                        |
| Ensure that Older Americans Have <b>Transportation Options</b> to Retain Their Mobility and   | 3                    | 2                  | 2              | 3          | low                             |
| Establish Principles to Strengthen <b>Social Security</b>   | 4                    | 20                 | 20             | 11         | high                            |
| Strengthen and Improve the <b>Medicaid Program</b> for Seniors  | 5                    | 9                  | 3              | 4          | low                             |
| Improve Recognition, Assessment, and Treatment of <b>Mental Illness and Depression</b> Among Older Americans  | 6                    | 6                  | 8              | 8          | low                             |
| Attain Adequate Numbers of <b>Healthcare Personnel</b> in All Professions Who are Skilled, Culturally   | 7                    | 6                  | 3              | 9          | moderate                        |
| Develop a Coordinated, Comprehensive <b>Long-Term Care</b> Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid | 8                    | 16                 | 15             | 2          | high                            |
| Promote the Integration of <b>Health and Aging Services</b> to Improve Access and Quality of Care for   | 9                    | 9                  | 12             | 19         | high                            |
| Support <b>Geriatric Education and Training</b> for All Healthcare Professionals, Paraprofessionals, Health Profession Students, and Direct Care Workers  | 10                   | 6                  | 12             | 6          | moderate                        |
| Create a National Strategy for Promoting <b>Elder Justice</b> Through the Prevention and Prosecution of Elder Abuse   | 11                   | 12                 | 15             | 15         | low                             |
| Encourage Community Designs to Promote <b>Livable Communities</b> that Enable Aging in Place  | 12                   | 16                 | 11             | 20         | high                            |
| Improve State and Local Based Integrated Delivery Systems to Meet 21st Century Needs of Seniors   | 13                   | 14                 | 18             | 10         | high                            |
| Foster Innovations in <b>Financing Long-Term Care</b> Services to Increase Options Available to Consumers   | 14                   | 18                 | 15             | 18         | moderate                        |
| Promote Innovative Models of <b>Non-Institutional Long-Term Care</b>  | 15                   | 9                  | 3              | 7          | moderate                        |
| Enhance the Affordability of <b>Housing</b> for Older Americans   | 16                   | 2                  | 8              | 16         | high                            |
| Remove Barriers to the Retention and Hiring of <b>Older Workers</b> , Including Age Discrimination  | 17                   | 18                 | 15             | 14         | low                             |
| Promote <b>Incentives for Older Workers</b> to Continue Working and Improve Employment Training and Retraining Programs to Better Serve Older Workers   | 18                   | 12                 | 12             | 12         | moderate                        |
| Develop a National Strategy for Supporting <b>Informal Caregivers</b> of Seniors to Enable Adequate Quality and Supply of Services  | 19                   | 2                  | 3              | 13         | high                            |
| Implement a Strategy and Plan for Accountability to Sustain the Momentum, Public Visibility, and Oversight of the Implementation of <b>2005 WHCOA Resolutions</b>                               | 20                   | 19                 | 19             | 17         | low                             |

# Projected Population Growth by Age Group in North Carolina (2000-2030)

Source: NC State Data Center

